

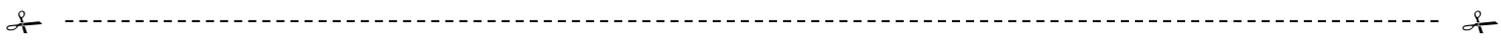


# WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

## Eritrea

### Survey Information

Location and Date		Response	Code
1	Zone/District ID	_ _ _	I1
3	Village Name		I2
4	Cluster ID		<del>I3</del> X1
5	Interviewer ID	_ _ _	<del>I4</del> I3
6	Date of completion of the instrument	_ _     _ _     _ _ _ _  dd      mm      year	<del>I5</del> I4



Consent, Interview Language and Name		Response	Code
		Participant Id Number     _ _ _     _ _ _     _ _ _	
7	Consent has been read and obtained	Yes    1 No    2 <b>IF NO, END</b>	I5
8	Interview Language	Tigrigna    1 Tigre        2 English     3 Other        4	I6
9	Time of interview (24 hour clock)	_ _  :  _ _  hrs      mins	I7
10	Father's Name		I8
11	First Name		I9
Additional Information that may be helpful			
12	Contact phone number where possible		I10

Record and file identification information (I5 to I10) separately from the completed questionnaire.

## Step 1 Demographic Information

CORE: Demographic Information			
Question		Response	Code
13	Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1
14	What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _   _ _ _ _ _   _ _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
15	How old are you?	Years  _ _ _	C3
16	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years  _ _ _	C4

EXPANDED: Demographic Information			
17	What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Primary school (grades 1 - 6) 2 Middle Grades (7-8) 3 Secondary (9 – 12) 4 College/University completed 5 Post graduate degree 6 Refused 88	C5
18	What is your ethnic <b>background</b> ?	[Tigrigna] 1 [Tigre] 2 [Saho] 3 Others (Specify) _____	C6
19	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
20	What is your religion?	Christian 1 Moslems 2 Others 3 _____	X2
21	Which of the following best describes your <b>main work status</b> over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 National service 4 Student 5 Housewife 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
22	How many people older than 18 years, including yourself, live in your household?	Number of people  _ _ _	C9

23	How many people younger than 18 years, excluding yourself, live in your household?	Number of people  _ _ _	X3
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**EXPANDED: Demographic Information, Continued**

Question	Response	Code
24 Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week  _ _ _ _ _ _ _ _ _ _  Go to T1	C10a
	OR per month  _ _ _ _ _ _ _ _ _ _  Go to T1	C10b
	OR per year  _ _ _ _ _ _ _ _ _ _  Go to T1	C10c
	Refused 88	C10d

**Step 1 Behavioural Measurements****CORE: Tobacco Use**

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.

Question	Response	Code
25 Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T6	T1
26 Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 If No, go to T6	T2
27 How old were you when you <b>first started</b> smoking daily?	Age (years) Don't know 77  _ _  If Known, go to T5a	T3
28 Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)  Don't know 77	In Years  _ _  If Known, go to T5a	T4a
	OR in Months  _ _  If Known, go to T5a	T4b
	OR in Weeks  _ _	T4c
29 On average, <b>how many</b> of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 77	Manufactured cigarettes  _ _	T5a
	Hand-rolled cigarettes  _ _	T5b
	Pipes full of tobacco  _ _	T5c
	Cigars, cheroots, cigarillos  _ _	T5d
	Other  _ _  If Other, go to T5other, else go to T9	T5e
Other (please specify):  _ _ _ _ _ _ _ _ _ _  Go to T9	T5other	



<b>CORE: Alcohol Consumption</b>			
The next questions ask about the consumption of alcohol.			
<b>Question</b>		<b>Response</b>	<b>Code</b>
39	Have you <b>ever</b> consumed an alcoholic drink such as sewa, mess, beer, wine, spirits or fermented cider? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1a
40	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b
41	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
42	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A3
43	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
44	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
45	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
46	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

<b>EXPANDED: Alcohol Consumption</b>			
47	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
48	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day? (USE SHOWCARD)  Don't Know 77	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	A9g

CORE: Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
49 In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D3</i>	D1
50 How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77     _ _	D2
51 In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D5</i>	D3
52 How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77     _ _	D4

EXPANDED: Diet		
53 What type of <b>oil or fat is most often</b> used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Sesame 2 Butter 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
	Other     _ _ _ _ _ _ _ _	D5other
54 On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77     _ _	D6



CORE: Physical Activity, Continued			
Question	Response		Code
<b>Recreational activities</b>			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure), <i>[Insert relevant terms]</i> .			
64	Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously? <i>(USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 13</i>	P10
65	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _	P11
66	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P12 (a-b)
67	Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>(USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P16</i>	P13
68	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _	P14
69	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P15 (a-b)

EXPANDED: Physical Activity			
Sedentary behaviour			
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
70	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure				
Question		Response		Code
71	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes	1	H1
		No	2 <i>If No, go to <del>H6X4</del></i>	
72	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes	1	H2a
		No	2 <i>If No, go to <del>H6X4</del></i>	
73	Have you been told in the past 12 months?	Yes	1	H2b
		No	2	

EXPANDED: History of Raised Blood Pressure				
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?				
74	Drugs (medication) that you have taken in the past two weeks	Yes	1	H3a
		No	2	
	Advice to reduce salt intake	Yes	1	H3b
		No	2	
	Advice or treatment to lose weight	Yes	1	H3c
		No	2	
Advice or treatment to stop smoking	Yes	1	H3d	
	No	2		
Advice to start or do more exercise	Yes	1	H3e	
	No	2		
75	Have you ever been seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
		No	2	
76	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	
77	Does any member of your family (parents, uncles, grandparents, children) have history of cardio-vascular disease (hypertension, stroke, myocardial infarction etc.?)	Yes	1	<del>X4</del>
		No	2	

CORE: History of Diabetes			
Question		Response	Code
78	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to <del>M4</del>X5</i>	
79	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 <i>If No, go to <del>M4</del>X5</i>	
80	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
81	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1	H8a
		No 2	
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H8b
		No 2	
	Special prescribed diet	Yes 1	H8c
		No 2	
Advice or treatment to lose weight	Yes 1	H8d	
	No 2		
Advice or treatment to stop smoking	Yes 1	H8e	
	No 2		
Advice to start or do more exercise	Yes 1	H8f	
	No 2		
82	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
83	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	
84	Does any member of your family (parents, uncles, grandparents, children) have history of diabetes?	Yes 1	X5
		No 2	

## Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
85	Interviewer ID	_ _ _ _ _	M1
86	Device IDs for height and weight	Height   _ _ _ _	M2a
		Weight     _ _ _ _	M2b
87	Height	in Centimetres (cm)   _ _ _ _ _ . _ _	M3
88	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)     _ _ _ _ _ . _ _	M4
89	<b>For women:</b> Are you pregnant?	Yes   1 <i>If Yes, go to M 8</i>	M5
		No    2	
CORE: Waist			
90	Device ID for waist	_ _ _ _	M6
91	Waist circumference	in Centimetres (cm)   _ _ _ _ _ . _ _	M7
CORE: Blood Pressure			
92	Interviewer ID	_ _ _ _ _	M8
93	Device ID for blood pressure	_ _ _ _	M9
94	Cuff size used	Small   1	M10
		Medium  2	
		Large   3	
95	Reading 1	Systolic ( mmHg)   _ _ _ _ _	M11a
		Diastolic (mmHg)   _ _ _ _ _	M11b
96	Reading 2	Systolic ( mmHg)   _ _ _ _ _	M12a
		Diastolic (mmHg)   _ _ _ _ _	M12b
97	Reading 3	Systolic ( mmHg)   _ _ _ _ _	M13a
		Diastolic (mmHg)   _ _ _ _ _	M13b
98	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes   1	M14
		No    2	

EXPANDED: Hip Circumference and Heart Rate			
99	Hip circumference	in Centimeters (cm)   _ _ _ _ _ . _ _	M15
100	Heart Rate		M16a
	Reading 1	Beats per minute   _ _ _ _ _	
	Reading 2	Beats per minute   _ _ _ _ _	

Reading 3	Beats per minute	_ _ _ _	M16c
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### Step 3 Biochemical Measurements

#### CORE: Blood Glucose

Question		Response	Code
101	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
102	Technician ID	_ _ _ _	B2
103	Device ID	_ _ _	B3
104	Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _ _  :  _ _ _  hrs mins	B4
105	Blood glucose	mg/dl  _ _ _ _ _ _ _	B5
106	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6

#### CORE: Blood Lipids

107	Device ID	_ _ _	B7
108	Total cholesterol	mg/dl  _ _ _ _ _ _ _	B8
109	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9

#### EXPANDED: Triglycerides and HDL Cholesterol

110	Triglycerides	mg/dl  _ _ _ _ _ _ _	B10
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